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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FEB 11 2008 *new*
2-11-2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

DARYL RICHIE 08780-424

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 07C 7071
(To be supplied by the Clerk of this Court)

DIRECTOR OF B.O.P.

M.C.C. WARDEN ERIC WILSON

PSYC. DEPT. JOHN PINDOWSKY

JASON DANA & DANIEL GREENSTELE & RICHARD NEBERDEEN
KIM WIKUP & LT. FRYRE

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

X_____
COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: DARYL RICHIE
- B. Date of Birth: 11-12-59
- C. List all aliases: TOO SHORT, GEEK THE FREAK
- D. Prisoner identification number: 08780-424
- E. Place of present confinement: U.S.P. TERRE HAUTE
- F. Address: P.O. Box 33 TERRE HAUTE IN. 47808

(If there is more than one plaintiff, then each plaintiff must list his or her name, date of birth, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: HARLEY LAPPIN
 Title: DIRECTOR OF B.O.P.
 Place of Employment: WASHINGTON D.C.
- B. Defendant: ERIC WILSON
 Title: WARDEN
 Place of Employment: M.C.C. CHICAGO
- C. Defendant: JOHN PINDOWSKY
 Title: HEAD BYC. DEPT.
 Place of Employment: M.C.C. CHICAGO

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

E. JASON DANA
PSYC. DEPT.
M.C.C. CHICAGO

F. DANIEL GREENSTELE
PSYC. DEPT.
M.C.C. CHICAGO

G. RICHARD NEBERDEEN
PSYC. DEPT.
M.C.C. CHICAGO

H. KIM WICKUP
HEAD OF U.S. MARSHALL

I. LT. FRYRE
LT. STAFF
M.C.C. CHICAGO

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: D
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

[illegible]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

APPOINT COUNSEL TO PROCEED WITH CIVIL ACTIONS

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 4 day of FEB., 2008

Daryl Richie
(Signature of plaintiff or plaintiffs)

DARYL RICHIE
(Print name)

08780 - 424
(I.D. Number)

P.O. Box 33 TERRE HAUTE IN. 47808
(Address)